

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/14/2013	
NAME OF PROVIDER OR SUPPLIER ALLISONVILLE MEADOWS				STREET ADDRESS, CITY, STATE, ZIP CODE 10312 ALLISONVILLE RD FISHERS, IN 46038			
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F0000	<p>This visit was for the Investigation of Complaint IN00122021.</p> <p>Complaint: IN00122021 Substantiated. Federal/State deficiencies related to the allegation are cited at F157, F327, F502.</p> <p>Survey dates: January 11 & 14, 2013</p> <p>Facility Number: 012466 Provider Number: 155786 AIM Number: 201014060</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census Bed Type: SNF: 27 SNF/NF: 125 Total: 152</p> <p>Census Payor Type: Medicare: 27 Medicaid: 112 Other: 13 Total: 152</p> <p>Sample: 6</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>		F0000	<p>F0000- January 28, 2013 Please find the attached plan of correction for the Complaint Survey # IN00122021 performed on January 11th and 14th, 2013. The provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation and requests a desk review, in lieu of a post survey revisit.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/01/2013
FORM APPROVED
OMB NO. 0938-0391

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	IAC 16.2. Quality Review completed on January 24, 2013, by Brenda Meredith, R.N.						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure physician notification for possible intervention, in that when a resident had specific orders for testing, the</p>	F0157	<p>F157 1, What corrective action(s) will be accomplished for those residents found to have affected by the deficient practice · Resident "A" physician was notified of delay in lab</p>		02/13/2013		

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	<p>nursing staff failed to notify the physician of the delay in testing, a change in resident vital signs and a decrease of fluid consumption for 1 of 6 sampled residents. (Resident "A")</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 01-11-13 at 12:37 p.m. Diagnoses included but were not limited to, urinary tract infection, acute renal insufficiency secondary to dehydration, dementia, history of pneumonia and Alzheimer dementia. These diagnoses remained current at the time of the record review.</p> <p>At the time the resident was admitted to the facility, the resident had physician orders for completion of the antibiotic Cipro for the continued treatment of a urinary tract infection.</p> <p>The nurses progress notes, dated 12-13-12 at 2:25 p.m., indicated "Elevated WBC's [white blood cells], MD [Medical Doctor] notified, N.O. [new order] for U/A [urinalysis], and to obtain stool for CDiff [Clostridium difficile]. Urine clear, concentrated, yellow with foul odor. Scant amt. [amount] of loose, yellow foul smelling stool."</p>				<p>testing. Resident "A" no longer resides at the facility², How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken. All residents have the potential to be affected. All licensed nurses were in-serviced by Staff development Coordinator on January 21 st , 2013, regarding physician notification, delay in lab testing, abnormal vital signs, and decrease of fluid consumption. All residents charts were reviewed by the DNS/Designee to ensure orders for lab testing was completed as prescribed; changes in vital signs and, decrease in fluid consumption were reported to the physician and/family member as necessary.³, What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur. Charge nurses will notify the physician/family of any change in conditions 24 hours a day/ 7 days per week. All Licensed nurses were in-serviced by staff development coordinator on January 21 st , 2013 regarding physician notification, delay in lab testing, abnormal vital signs and decrease of fluid consumption. DNS/Designee will monitor physician orders for physician and family notification. Facility will utilize lab tracking log to monitor</p>		

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	<p>Review of the medication administration record for December 14, 2012, indicated the licensed nurse was unable to obtain the stool specimen.</p> <p>The nurse progress notes indicated, "12-15-12 at 5:00 a.m. Urine and stool samples collected. [Name of laboratory services] notified."</p> <p>The nurse progress notes indicated, "12-15-12 at 12:43 p.m. Lab here to pick up urine and stool specimen. Res. [resident] has had 1 loose, foul stool so far today. Has been up for meals in w/c [wheelchair], and res. only taking 1 - 2 bites, despite (sic) encouragement. Res. with good fluid intake today."</p> <p>The nurse progress notes indicated, "12-15-12 at 7:18 p.m. Lethargic, malaise, poor po [by mouth] intake nursing noted. Awaiting lab results. Tongue red, with white patches noted, denies pain, MD and [family member] notified. [Family member] states resident wincing when taking drinks"</p> <p>The nurse progress notes indicated, "12-16-12 at 2:32 a.m. temperature 100.1, respirations - 18, pulse 120 per minute [notation in red], and blood</p>			<p>all labs for testing. ·</p> <p>DNS/Designee will monitor the facility electronic medical record to ensure all residents change of conditions are reported to physician and family, including vital signs that is out of range, delay in lab testing and a decrease of fluid consumption. ·</p> <p>Licensed staff not adhering to policy will receive education, disciplinary action up to and including termination. 4. How the corrective action will be monitored to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place</p> <p>· To ensure compliance the DNS or designee is responsible for completion of physician notification CQI tool which will be used weekly X4, bi-monthly for 2 months and quarterly thereafter until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed to assure compliance 5. Date of compliance February 13, 2013.</p>			

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	<p>pressure 133/83."</p> <p>Review of the food and fluid intake record, on 01-14-13 at 10:00 a.m., indicated the residents' fluid intake on 12-14-12 was "240 c.c. [cubic centimeters], and on 12-15-12 was 120 c.c." and not the estimated fluid requirement for the resident as noted on the Nutritional Assessment, dated 12-14-12 for 1425 c.c. - 1710 c.c.</p> <p>During an interview, on 01-14-13 at 11:15 a.m., the Director of Nurses indicated the stool specimen had not been obtained. During further interview on 01-14-13 at 1:30 p.m., the Director of Nurses indicated he telephoned the nurse who documented the 12-15-12, 12:43 entry, who indicated to him the lab did not take the stool specimen because it was too "old" and they would need to get a fresh specimen.</p> <p>In addition the Director of Nurses indicated the licensed nurse should have notified the physician of the resident's increase in heart rate, decrease in fluid intake and the delay with the testing of the stool specimen.</p> <p>Review of facility policy on 01-14-13 at 9:00 a.m., titled "Resident Change of Condition," and dated 03-10</p>						

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	<p>[March 2010], indicated the following: "Policy: It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely and effective intervention occurs."</p> <p>"Routine Medical Change - a. All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly. Routine changes are a minor change in physical and mental behavior, abnormal laboratory and x-ray results that are not life threatening."</p> <p>"The nurse in charge is responsible for notification of physician and family/responsible party prior to end of assigned shift when a significant change in the resident's condition is noted."</p> <p>"Document resident change of condition and response in the medical record. Documentation will include time and family/physician response."</p> <p>The record lacked any additional documentation the physician had been notified of the stool specimen not taken to the lab, decrease in the amount of fluids and the change in</p>						

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	the resident's vital signs. This Federal tag relates to Complaint IN00122021. 3.1-5(a)						

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F0327 SS=D	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Based on record review and interview, the facility failed to ensure the hydration needs of a resident, in that when a resident who experienced loose stools, the facility failed to ensure the resident's hydration needs were met for 1 of 3 residents reviewed for hydration/dehydration in a sample of 6. (Resident "A")</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 01-11-13 at 12:37 p.m. Diagnoses included but were not limited to, urinary tract infection, acute renal insufficiency secondary to dehydration, dementia, history of pneumonia and Alzheimer dementia. These diagnoses remained current at the time of the record review.</p> <p>The Initial Hydration Assessment, dated 12-07-12 indicated the resident was admitted to the facility with a urinary tract infection, with no "acute process," and "did not receive 9 or more medications," but had "intermittent confusion." The total score for the hydration assessment</p>			F0327	<p>F327 1, What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice · Resident "A" no longer resides at the facility2, How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken · All residents have the potential to be affected · All licensed nurses were in-serviced by Staff development coordinator on January 21 st , 2013, regarding hydration needs of residents, and hydration needs of residents who experiences loose stool. · All new residents' hydration assessment will be completed within 24 hours of admission. · All existing residents will have new hydration assessment completed by February 5 th . · IDT will review hydration assessment on all new admission daily in morning meeting to ensure compliance.3, What measures will be put into place or what systemic changes will be made to ensure that deficient practice does not recur. · All Licensed nurses were in-serviced by staff development coordinator on</p>		02/13/2013

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	<p>was "6."</p> <p>However, the record indicated the resident did have physician orders for 9 or more medications (score of 2 points) which included Cipro (an antibiotic), Alendronate (a medication for osteoporosis), Aricept (a medication for dementia), Enoxaparin (a medication for the prevention of deep vein thrombosis), Icap (a supplement), Iron (a supplement), Namenda (a medication used in the treatment of Alzheimer's dementia), pantoprazole (a medication for esophageal reflux disease), Predisone (a steroid), and vitamin B complex (a supplement), and the resident also had a history of dehydration (10 points). Which would indicate a higher score for hydration assessment than noted on the facility assessment.</p> <p>On 12-07-12, the physician instructed the nursing staff to obtain a laboratory test, "basic metabolic profile," on 12-10-12.</p> <p>Results of the laboratory testing dated 12-10-12 indicated the resident's BUN (blood urea nitrogen) level (an indicator for dehydration), indicated the resident's level at 53, with normal values to be between 7 - 25.</p>				<p>January 21 st , 2013, regarding hydration needs of resident, hydration needs of residents with loose stool· DNS/Designee will monitor residents hydration needs of residents daily in morning meeting. Any resident experencing a change of condition which affect the resident's hydration status will be reviewed by the IDT. The resident's hydration management program will be revised specifically to each resident's needs. The resident's care plan will be updated based on the resident's specific hydration management program. The DNS/designee will monitor each resident with a specific hydration care plan to ensure resident's care plan is followed. The DNS/designee will conduct rounds on each shift to ensure resident's hydration care plan is followed.· DNS/Designee will monitor residents' hydration status to ensure residents are getting adequate hydration.4, How the corrective action will be monitor to ensure the deficient practice will not recur i.e. what quality assurance program will be put into place · To ensure compliance,the DNS or designee is responsible for the completion of the hydration assessment CQI tool which will be used weekly X4, bi-monthly for 2 months and quarterly thereafter until compliance is maintained for 2</p>		

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	<p>On 12-11-12, physician ordered the nursing staff to encourage fluids over 72 hours with a repeat of the basic metabolic profile on "Thursday [12-13-12]."</p> <p>Review of the fluid consumption record indicated the following fluid intake for the resident:</p> <p>12-11-12 1320 c.c. (cubic centimeters) 12-12-12 560 c.c. 12-13-12 1120 c.c.</p> <p>Results of the laboratory testing, dated 12-13-12, indicated the resident's BUN was now 45 over the 72 hours.</p> <p>Further review of the fluid consumption record, dated 12-14-12, indicated the resident consumed 240 c.c., and on 12-15-12 consumed 120 c.c. of fluids less than the estimated needs documented on the resident nutritional assessment, dated 12-14-12 of 1425 c.c. - 1710 c.c. per day.</p> <p>Review of the facility policy on 01-14-13 at 9:00 a.m., titled "Hydration Management," and dated 06/12 (June 2012), indicated the</p>		<p>consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved, an action plan will be developed to assure compliance. 5. Date of compliance February 13, 2013</p>				

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	<p>following:</p> <p>"1. The Hydration Assessment will be completed upon admission, quarterly, annually and with a significant change in condition."</p> <p>"2. Any resident with a score of 10 or more on the Hydration Assessment will be assessed by the IDT [interdisciplinary team] and documentation will be placed in the EMR [electronic medical record] IDT hydration review event to include but not limited to: a. Residents current fluid intake, b. Resident's self performance with fluids, c. Physical assessment including mucous membranes, skin turgor, d. Reasons for scoring 10 or greater, e. Current labs/electrolytes, f. Plan for hydration."</p> <p>This Federal tag relates to Complaint IN001220121.</p> <p>3.1-46(b)</p>						

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F0502 SS=D	<p>483.75(j)(1) ADMINISTRATION</p> <p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on record review and interview, the facility failed to ensure a physician order was followed in that when a resident was suspected of Clostridium difficile infection, the nursing staff failed to ensure the stool specimen was transported and tested for 1 of 3 resident's reviewed for laboratory testing in a sample of 6. (Resident "A")</p> <p>Findings include:</p> <p>The record for Resident "A" was reviewed on 01-11-13 at 12:37 p.m. Diagnoses included but were not limited to, urinary tract infection, acute renal insufficiency secondary to dehydration, dementia, history of pneumonia and Alzheimer dementia. These diagnoses remained current at the time of the record review.</p> <p>The nurses progress notes dated 12-13-12 at 2:25 p.m., indicated "Elevated WBC's [white blood cells], MD [Medical Doctor] notified, N.O. [new order] for U/A [urinalysis], and to obtain stool for CDiff [clostridium difficile]. Urine clear, concentrated,</p>		F0502	<p>F502 1, What corrective action(S) will be accomplished for those residents found to have been affected by deficient practices. · Resident "A" no longer resides at the facility 2, How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken · All residents have the potential to be affected· All licensed nurses were in-serviced by staff development coordinator on January 21 st , 2013 regarding lab testing, collection of lab specimen, and ensuring lab specimen gets picked up by lab service.· DNS/Designee will review lab orders daily to ensure compliance with physician orders.3, What measure will be put into place or what systemic changes will be made to ensure that deficient practice does not recur. · All licensed nurses were in-serviced by staff development coordinator on January 21 st , 2013 regarding lab testing, collection of lab specimen, and ensuring lab specimen gets picked up by lab service and monitoring using the lab tracking log.· DNS/Designee</p>		02/13/2013	

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	<p>yellow with foul odor. Scant amt. [amount] of loose, yellow foul smelling stool."</p> <p>Review of the medication administration record for December 14, 2012, indicated the licensed nurse was unable to obtain the stool specimen but did obtain the specimen on 12-15-12 at 5:00 a.m.</p> <p>The Nurse progress notes, dated 12-15-12 at 12:43 p.m., indicated, "Lab here to pick up urine and stool specimen. Res. [resident] has had 1 loose, foul stool so far today. Has been up for meals in w/c [wheelchair], and res. only taking 1 - 2 bites, despite (sic) encouragement. Res. with good fluid intake today."</p> <p>During an interview on 01-14-13 at 11:15 a.m., the Director of Nurses indicated the stool specimen had not been obtained prior to the resident's death on 12-16-12.</p> <p>During an interview on 01-14-13 at 1:30 p.m., the Director of Nurses indicated he telephoned the nurse who documented the 12-15-12 12:43 entry, and she indicated to him the lab did not take the stool specimen because it was too "old" and they would need to get a fresh specimen.</p>		<p>will monitor lab orders daily to ensure compliance with physician orders. · DNS/Designee will track all labs daily with lab tracking log to ensure physician orders are followed. 4, How the corrective action will be monitor to ensure the deficient practice will not recur i.e. what quality assurance program will be put in place · To ensure compliance the DNS or designee is responsible for completion of the Lab CQI tool which will be used weekly X 4, bi-monthly for 2 months and quarterly until compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 100% is not achieved an action plan will be developed to assure compliance.5. Date of compliance February 13, 2012</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155786		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/14/2013	
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	<p>"She inaccurately documented both specimens had been picked up." When interviewed regarding how long a stool specimen is viable for testing the Director of Nurses indicated he did not know but would telephone the laboratory for an answer.</p> <p>During an interview on 01-14-13 at 1:45 p.m., the Director of Nurses indicated the laboratory service company instructed him to refer to their "web page" in regards to the length of time a stool specimen can still be used and tested. The Director of Nurses indicated this was the first time he was aware of the guidelines by the laboratory company which indicated that after the specimen is collected it is "good for 48 hours."</p> <p>The record lacked documentation the nurse attempted to obtain another specimen and no further testing was completed for this resident.</p> <p>This Federal tag relates to Complaint IN0012021.</p> <p>3.1-49(a)</p>						